



Frederick County Government

Your Medical Plan Options

Plan year: 2025

Offered by Cigna Health and Life Insurance Company or its affiliates
In Utah, plans are offered by Cigna Health and Life Insurance Company.

974336 06/23



Open Access Plus In-network (OAPIN)



Primary Care Provider: A primary care provider (PCP) is recommended but not required



Specialist: You can see a specialist in the OAP network without a referral



Network: For your care to be covered, you must use health care professionals and health care facilities in the OAP network

- If you choose to see a doctor who is not in the network, you will not have coverage except in emergencies
- Use the Cigna Healthcare® network of providers, health care facilities, labs, x-ray and radiology centers, as well as emergency care



Deductible: You may pay an annual amount — a deductible — before your health plan begins to pay for covered health care costs.¹ Only services covered by the health plan count toward the deductible



Copay and co-insurance: Once you meet your deductible, you will pay a portion of covered health care costs and the plan pays the rest²



Out-of-pocket maximum: Once you meet an annual limit on your payments — out-of-pocket maximum — your plan pays 100% of covered costs

1. Plans may vary; see your employer's plan documents for details related to your specific medical plan.
2. Coinsurance is what you pay for covered services after you've met your deductibles. It does not include charges for services not covered by your plan. If you use an out-of-network provider, your expenses may be more than the coinsurance amount shown because the out-of-network provider can bill you for charges that are more than what your benefit plan will pay.



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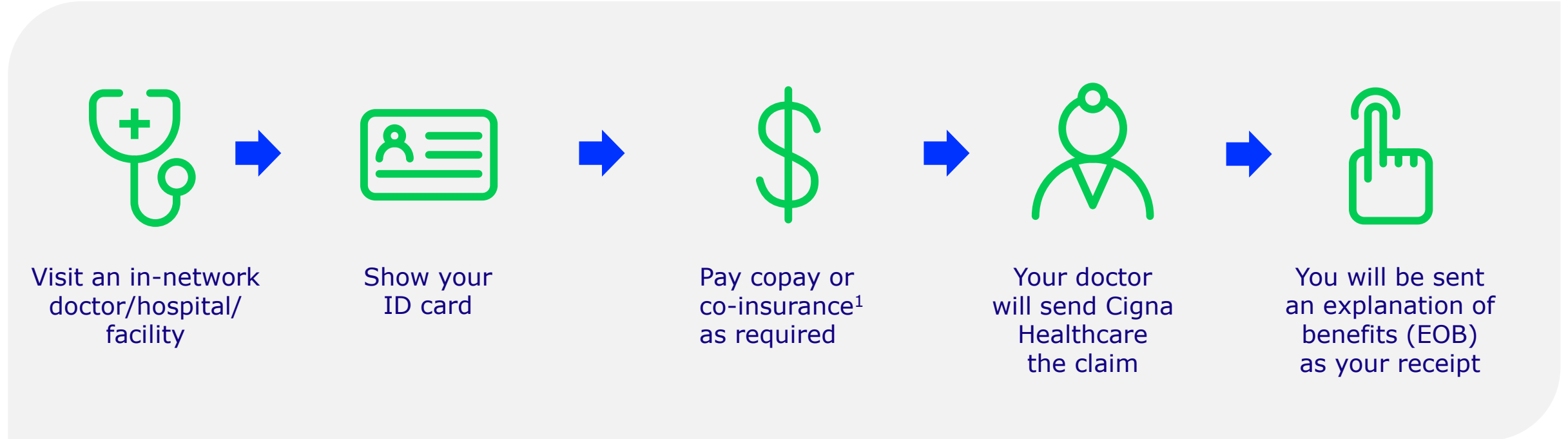
Open Access In-Network

	Open Access Plus (OAP) IN Plan
	In Network
Contract Year Deductible (Individual/Family)	None
Out of Pocket Maximum	\$1500 Individual/\$3000 Family
Office Visit Copay (PCP)	\$20
Office Visit Copay (Specialist)	\$30
Preventive Care	No Charge
Inpatient Hospital Care	\$300
Out-Patient Surgery Facility	\$25
Urgent Care	\$30 per visit (copay waived if admitted)
Emergency Care	\$150 visit (copay waived if admitted)
Prescription-(30day supply)	Generic \$10 Brand \$30 Non-Preferred \$50 Specialty \$75
Prescription-(90 day supply)	Generic \$20 Brand \$60 Non-Preferred \$100 Specialty \$150

Open Access In-Network

	Open Access Plus (OAP) IN Plan
	In Network
Inpatient physician consultation	10%
Outpatient Professional Services (For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists)	10%
Lab and X-ray	10%
Advanced Radiology Imaging	10%
Ambulance	10%
Durable Medical Equipment	10%
Acupuncture	10%

The claim process



1. Your plan may apply a deductible. Copays are paid at the time of service. If a coinsurance applies, it is not paid at the time of service and is billed to you or charged to an HSA/HRA after the claim is processed and the EOB is issued.

Take control of your health and your health costs

Here are a few easy ways to save on out-of-pocket health care expenses:



Stay with in-network
providers and facilities



Visit an urgent care center
instead of the ER for
non-life-threatening health
concerns



Use a convenience care
clinic (inside supermarkets,
pharmacies and other retail
stores) for routine care



Access virtual care¹ through
MDLIVE® 24/7 for a range of
minor conditions

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.

This information is for educational purposes only. It is not medical advice. Always consult your doctor for examinations, treatment, testing and care recommendations. In an emergency, dial 911 or visit the nearest emergency room.

Use the myCigna® App¹ or website – 24/7

Manage all your prescriptions on the My Medications page

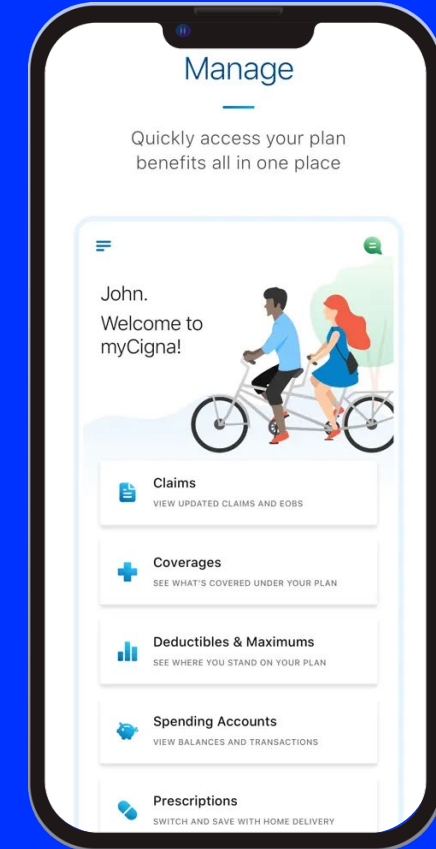
- See which medications your plan covers
 - Price a medication²
 - Search for lower-cost alternatives, if available
 - View all the prescriptions you've filled in the last 18 months
 - Find an in-network pharmacy
 - Ask a pharmacist a question
 - Switch a prescription from a retail pharmacy to our home delivery pharmacy
- For home delivery prescriptions:
- Refill and track your orders
 - Pay your bill online
 - Sign up for automatic refills
 - Request a payment plan
 - For specialty medications, connect to your online Accredo® account

1. App/online store terms and mobile phone carrier/data charges apply.

2. Prices shown on myCigna are not a guarantee. Coverage falls under your plan terms and conditions. Visit myCigna for more information.



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Save a trip with home delivery



Order, manage, track and pay for medications on your phone or online



Standard shipping at **no extra cost**¹



Fill up to a **90-day supply** at one time²



Automatic refills³ or refill reminders so you don't miss a dose



Helpful pharmacists available 24/7



Flexible payment options



To learn more about Express Scripts® Pharmacy,
go to **Cigna.com/homedelivery** or call **800.835.3784**

1. Standard shipping costs are included as part of your prescription plan.

2. Some medications aren't available in a 90-day supply and may only be packaged in lesser amounts. For example, three packages of oral contraceptives equal an 84-day supply. Even though it's not a "90-day supply," it's still considered a 90-day prescription.

3. Express Scripts Pharmacy can automatically refill certain medications. You can sign up for the automatic refill program when you call. Or, you can log in to the myCigna App or website to sign up on your own.

Open Access Plus Plan (OAP)

- This plan will be available on an ongoing basis to those who are currently enrolled in the plan
- This plan is NO LONGER AVAILABLE for new enrollments

Your HSA Plan



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

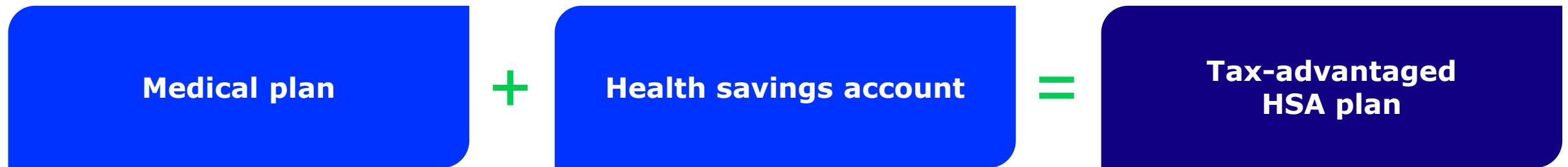
Open Access Plus High Deductible (HSA)

	Open Access Plus (OAP) HSA Plan	
	In Network	Out of Network
Contract Year Deductible (Individual/Family)	\$1,650/\$3,300	\$3,200/\$6,400
Out of Pocket Maximum	\$3000/\$6000	\$6000/\$11,000
Office Visit Copay (PCP/Specialist)	10% *	20% *
Preventive Care	No Charge	20% *
Inpatient Hospital Care	10% *	20% *
Out-Patient Surgery Facility	10% *	20% *
Urgent Care	10% *	10% *
Emergency Care	10% *	10% *
Prescription-(30day supply)	Generic \$10* Brand \$30* Non-Preferred \$50* Specialty \$75 *	20% *
Prescription-(90 day supply)	Generic \$20* Brand \$60* Non-Preferred \$100* Specialty \$150 *	Not Covered
* after deductible		



The benefits of your health plan plus a health savings account

Cigna Choice Fund® Health Savings Account (HSA)



- Combines a medical plan with a health savings account
- Provides coverage for current health care expenses with the option to save for future expenses
- Offers in-network preventive care covered by the plan at 100%¹
- Provides flexibility as you own the account; contributions can come from you, your employer or both
- Encourages greater savings; contributions are generally not taxable²
- Provides investment options

1. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered preventive services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). See your plan materials for a complete list of covered preventive care services.

2. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pretax treatment of contributions or earnings. Please consult your personal tax advisor or contact your plan administrator for information about your state.



Are you eligible to participate?

Because HSA plans have certain tax advantages, the IRS defines specific rules for participation.

To be eligible:

- ☒ You must be enrolled in an IRS-qualified high-deductible medical plan by the first of the month
- ☒ High-deductible medical plans offered with Cigna Choice Fund[®] HSA meet IRS requirements
- ☒ If your health plan effective date is after the first of the month, your HSA will be established on the first of the following month
- ☒ You cannot have any other health coverage that is not also a qualified high-deductible plan
- ☒ You cannot be claimed as a dependent on another person's tax return
- ☒ You may not be enrolled in Medicare (A, B or D), TRICARE, or a Full Purpose FSA (including a spouse's Full Purpose FSA)

Contributing the maximum to your HSA

The IRS has set the following limits for 2025:

Under age 55 and not enrolled in Medicare (based on a 12-month period):

- Up to \$4,300 individual coverage¹
- Up to \$8,550 family coverage¹

Age 55 or older:

- Maximum contribution increases by \$1,000 (considered a “catch-up” contribution)
- Up to \$5,300 individual coverage¹
- Up to \$9,550 family coverage¹

To make the maximum contribution in a calendar year, you must:

- Meet all requirements to be eligible for HSA contributions on January 1²
- Remain qualified through December 1²



Understanding and tracking HSA expenses



Explanation of benefits (EOB)

- Clearly shows how and when claims were paid
- Receive them in the mail or electronically
- Manage your communication settings on the myCigna® app or website



24/7/365 phone assistance

- One toll-free number
- Benefits and claim details
- IRS requirements
- Transaction activity and balance
- Live transfer to HSA Bank for investment questions
- Help with myCigna resources



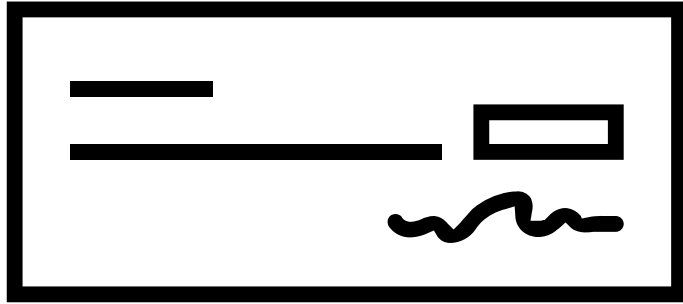
Online health statement

- An exact snapshot of the information that you want
- Customize your statement view by date range, claim type and more
- Easy to print and save



24/7 online health account management

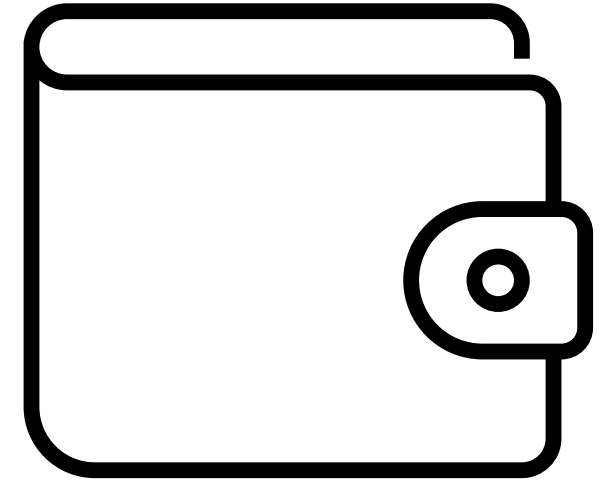
- Details on plan coverage, balances, claims and payments
- HSA bank account information
- Link to the bank to manage investment accounts



Premiums

Paid semi-monthly out of your paycheck based on the medical plan you choose

VS.



Out-of-Pocket Costs

Paid out of your wallet (or checking/savings account) to cover the costs of services as you need them



Benefits of an HSA

- 1 Higher annual limits than Flexible Spending Account**
Employee: \$4,300
Family: \$8,550
- 2 Contributions to an HSA are pre-tax**
Interest earnings are tax-free, too
- 3 Unused funds roll over year after year**
No “use-it-or-lose-it”
- 4 Fully Portable**
Take it with you wherever you go
- 5 Make optional catch-up contributions**
If you are 55 or older
- 6 Invest Your Funds**
Funds over \$1,000



Behavioral health support



Cigna Total Behavioral Health[®] (CTBH)¹

Clinical support

Three sessions to connect with licensed clinicians in our EAP network, at no additional cost to you²

24/7/365 crisis and emergency support

Happify[™] offered through Cigna

Increase resilience through games, guided meditations, and other activities. This digital self-guidance tool reduces stress while encouraging confidence³

iPrevail offered through Cigna

On-demand peer coaching and personalized learning to help boost your mood and improve mental health care³

myCigna.com[®] guided navigation

Our digital portal includes guided navigation that provides you with customized, convenient care options (digital, coaching, virtual and in person).

Large, national network

Includes national virtual network that includes Talkspace, MDLIVE, Ginger, and more. Online scheduling and text messaging. Fast Access network guarantees appointment scheduling in five business days.⁴ Appointment scheduling assistance provided.

Coaching & Support

Dedicated support for a broad range of conditions including autism, eating disorders, intensive behavioral case management, substance use and opioid and pain management, and parents and families.

1. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Evernorth Care Solutions, Inc., and Evernorth Behavioral Health, Inc.

Use and distribution limited solely to authorized personnel.

2. Three visits per issue per year. Restrictions apply to fully insured business sites in New York.

3. Program services are provided by independent companies/entities and not by Cigna Healthcare. Programs and services are subject to all applicable program terms and conditions. Program availability is subject to change.

4. Per our agreement with contracted providers. Within 5 business days for first time appointment with non-prescriber; 15 business days for prescriber.



Dental plan options



Cigna Dental Care[®] (DHMO)¹



General dentist: Choose any general dentist in the Cigna Dental Care[®] network who can coordinate your dental care

- Change your network dentist at any time
- Receive care from a pediatric dentist up to age 13



Network: Cigna Dental Care offers access to providers who have pre-negotiated the cost of patient care so there are no surprises. Emergency care is covered both in- and out-of-network.²



Predictable costs: Estimate treatment costs in advance based on your Patient Charge Schedule, then pay the pre-negotiated charge for each service listed, if applicable



Deductible: No deductibles, you don't have to reach an out-of-pocket cost before coverage starts.



Maximums: No calendar year or lifetime maximums, your coverage isn't limited by a dollar amount.

1. The term "DHMO" is used to refer to product designs that may differ by state of residence of enrollee, including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna Dental Care[®] (DHMO) product availability varies by state and is subject to change.
2. There are no out-of-network benefits with a Cigna Dental Care[®] plan except in the case of emergencies. For residents of MN and OK coverage is available out-of-network. See Appendix A for details.



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Total Network



Network: Select any licensed dentist, but see bigger savings if you use a dentist in the Cigna Dental network.



Specialist: See a specialist without a referral



Deductible: An annual amount that may apply to covered services before your plan begins to pay.



Coinsurance: Once you meet your deductible and satisfy any applicable waiting period, this is the portion you will of your covered dental care costs — i.e., coinsurance.



Coverage: The amount paid by your plan depends on:

- The coinsurance level for the service you receive
- The dentist you visit
- Whether you've paid your deductible and/or reached your maximum



Maximums: Once you reach the plan's calendar year dollar and/or any applicable lifetime maximum, your plan will no longer pay a portion of your costs during that plan year.



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Your coverage-Basic Plan

Percentage your plan pays

	Total Network	Out-of-network ¹
Class I – Preventive care	No Charge	No Charge
Class II – Basic restorative ²	50*	50%
Class III – Major restorative ²	50%	50%
Class IV – Orthodontia ²	Not Covered	Not Covered
[Class V – (Implants) ²]	Not Covered	Not Covered
	Individual	Family
Annual deductible	\$50	\$150
Calendar-year dollar maximum	Year 1: \$1200; Year 2: \$1300; Year 3: \$1400; Year 4: \$1500	

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's Maximum Reimbursable Charge provisions. When visiting a dentist in the Cigna DPPO network or] going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.
2. All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.





Your coverage-Enhanced

Percentage of covered expenses you pay

	Total Cigna DPPO	Out-of-network ¹
Class I – Preventive care	No Charge	No Charge
Class II – Basic restorative ²	50*	50%
Class III – Major restorative ²	50%	50%
Class IV – Orthodontia ²	50%	50%
Class V – Implants) ²	50%	50%
	Individual	Family
Annual deductible	\$25	\$75
Calendar-year dollar maximum	Year 1: \$2000; Year 2: \$2100; Year 3: \$2200; Year 4: \$2300	
Lifetime maximum: Orthodontia	\$1800 (Dependent Children to age 19)	

1. The amount your plan will pay for covered services received [through the Cigna DPPO network and] out-of-network will be subject to your plan's Maximum Reimbursable Charge provisions. When visiting a dentist in the Cigna DPPO network] going out-of-network, you may be balance-billed by the dentist for any charges that exceed what your plan reimburses for covered expenses.
2. All group dental plans and insurance policies have exclusions and limitations. For costs and details about the services covered under your plan, review your enrollment materials. Dentists who participate in Cigna Healthcare's network are independent contractors solely responsible for the treatment provided and are not agents of Cigna Healthcare.





Support to Improve Your Health and Well-being

Offered by Cigna Health and Life Insurance Company or its affiliates
In Utah, plans are offered by Cigna Health and Life Insurance Company.

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Digital ID Cards

Enjoy easy, secure access to your ID cards.

No longer worry about misplacing your ID. Simply log in to the myCigna® mobile app or website to view your digital ID card.¹

Getting your digital ID card is easy!

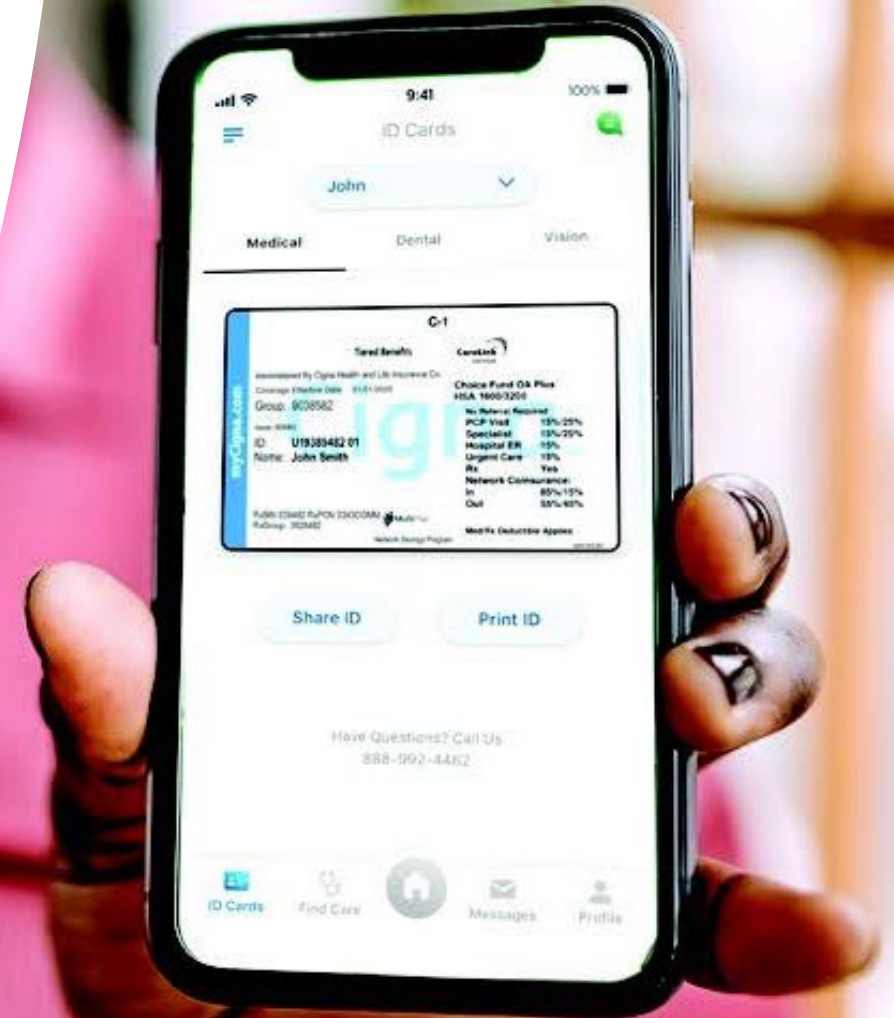
- Log in to myCigna® website or app.
- Click or tap “ID Cards.”
- View your card(s) and the cards of any dependents.²

You can **show** your digital ID card on your phone screen, **print** it, or **email** it to your doctor’s office.

1. The transition to digital ID cards does not apply to the following: all insured medical clients situated in Texas, New York, Florida, and Colorado (ASO will be included); all medical clients situated in Minnesota regardless of funding type; all D-HMO plans situated in Texas; all D-HMO and D-PPO plans situated in Georgia and Minnesota; all vision plans situated in Georgia, Minnesota, and Texas. Clients with situs in Texas, North Carolina, New York, Tennessee, Colorado, Georgia, and Florida will transition beginning with 7/1/2023 new and renewal effective dates unless prohibited by a state mandate.
2. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.



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Cigna One Guide®

After enrollment, personalized support helps you:

- Resolve health care questions and issues
- Save time and money
- Get the most out of your plan(s)
- Find in-network providers, hospitals and labs
- Get cost estimates
- Understand your bills
- Navigate the health care system

1. App/online store terms and mobile phone carrier/data charges apply.



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After you've enrolled, access Cigna One Guide the way that's most convenient to you.



myCigna® website or app¹



Live chat



Phone



Health Information Line



**Call the number on your
ID card, 24/7/365**

- Offers access to a trained clinician¹ to help you determine when and where to get treatment for immediate health care needs
- Provides guidance and education about both specific health concerns and general health topics



**Chat via myCigna.com[®] website or
app Mon-Fri 9:00 am – 8:00 pm EST²**

- Provides suggestions for online tools or local resources to help support your physical and mental health needs
- Delivers access to audio health library (both in English and Spanish), as well as podcasts

1. These health advocates hold current nursing licensure in a minimum of one state but are not practicing nursing or providing medical advice in any capacity as a health advocate.

2. Excluding holidays.

Virtual care¹



Cigna Healthcare has partnered with MDLIVE® to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you.

Primary Care

Preventive care, routine care and specialist referrals

- Preventive care checkups/ wellness screenings available at no additional cost²
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, grief and depression

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the ER
- Prescriptions available, if appropriate

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

1. Cigna Healthcare provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Not all preventive care services are covered, refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna Healthcare medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.





Cigna Healthcare[®] Lifestyle Management Programs

Our health advocates provide personalized support to help you make lasting changes.

- Weight management: Learn to manage your weight using a non-diet approach that helps you change habits, eat healthier and become more active
- Quit tobacco: Develop a personal quit plan to become — and stay — tobacco-free
- Reduce stress: Understand the sources of your stress and learn coping techniques to better manage it in all areas of your life



Use an online or telephone coaching program (or both) for the support you need.



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Questions and answers

You cannot open an HSA if, in addition to coverage under an HSA-qualified High Deductible Health Plan ("HDHP"), you are also covered under a Health Flexible Spending Account (FSA) or an HRA or any other health coverage that is not a HDHP. The HSA provider and/or trustee/custodian will be solely responsible for all HSA services, transactions and activities related thereto. Neither your employer nor Cigna is responsible for any aspects of the HSA services, administration and operation.

Rates will vary by plan design. Coverage is subject to any applicable plan deductibles, copay and/or coinsurance requirements. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans have exclusions and limitations. For costs and details of coverage, see your enrollment materials. The information in this presentation summarizes the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's group insurance certificate, summary plan description or group service agreement – the official plan documents. If there are any differences between the information in this presentation and the plan documents, the information in the plan documents takes precedence.

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